

~~ALL INFORMATION CONTAINED~~
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

09/762594
 APPLICANT(S)

7-14-77 07-07-77 CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3						
4						
5						
6						
7						
8						
9						
10		1		1		
11			1	1		
12			1	1		
13			1	1		
14			1	1		
15			1	1		
16			1	1		
17	3		1	1		
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1	1				
39						
40	1	1				
41	1	1	1	1		
42			1	1		
43			1	1		
44			1	1		
45			1	2		
46			1	2		
47			1	2		
48			2	2		
49			2	2		
50			1	1		
TOTAL IND.	22	1	2	1		
TOTAL DEP.	20	1	32	1	47	1
TOTAL CLAIMS	42	1	44	1	48	1

IND.	DEP.	IND.	DEP.	IND.	DEP.
61		1		1	
62		1		1	
63		1		1	
64		1		1	
65		1		1	
66		1		1	
67		1		1	
68		1		1	
69		1		1	
70		1		1	
71		1		1	
72		1		1	
73		1		1	
74		1		1	
75		1		1	
76		1		1	
77					
78					
79					
80					
81					
82					
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86					
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88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					